AME		Docket No. 0933-0232PUS1										
Application 10/518,297-Co		Filing		Examin		Art Unit						
		August 2	4, 2005	L. D. Bla	and	1623						
Applicant(s): Jonas ANGSTROM et al.												
Invention: THERAPEUTIC COMPOSITIONS FOR USE IN PROPHYLAXIS OR TREATMENT OF DIARRHEAS												
MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450												
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.												
CLAIMS AS AMENDED												
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate								
Total Claims	32	- 30 =	2	x 26.00	1	52.00						
Independent Claims	5	- 4 =	1	x 110.00		110.00						
Multiple Depend	ent Claims (che	ock if applicabl	e)									
Other fee (please		960.00										
TOTAL ADDITI	1	1,122.00										
Large Entity	ty											
No additiona	l fee is require	d for this amer	ndment.									
Please charge Deposit Account No. 02-2448 in the amount of \$ 1,122.00 . A duplicate copy of this sheet is enclosed.												
A check in th	e amount of \$		is endo:	sed.								
Payment by	credit card. Fo	rm PTO-2038	is attached.									
The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.												
x Credit any overpayment.												
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.												
Craig A. McRobbie Dated: March 25, 2009 Craig A. McRobbie Attorney Reg. No.: 42,874												
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000												

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the P	aperwork Reduction Act of	1995, no person are	required to	respond to a collect	tion of inform	ation unless it displa	ys a valid OME	3 control numb
	Complete if Known							
Fees pursuant to			10/518,297-Conf. #6676					
FEE TRANSMITTAL For FY 2009				Filing Date		August 24, 2005		
						Jonas ANGSTROM		
			Examiner Name		L. D. Bland			
	nt claims small entity stat	us. See 37 CFR 1.2	7	Art Unit		1623		
TOTAL AMOUN	T OF PAYMENT	(\$) 1,122.0	00	Attorney Docket No. 0933-0232F			S1	
METHOD OF	PAYMENT (check	all that apply)						
Check	Credit Card	Money Order	No	ne Other	(please ident			
X Deposit A	ccount Deposit Account I	Number: 02-	2448	Deposit	t Account Nan	ne: Birch, Stewa	rt, Kolasch &	Birch, LLP
For the	above-identified depo	osit account, the D	irector is	hereby authoriz	ed to: (che	ck all that apply)	
x C	charge fee(s) indicated	d below		Charg	ge fee(s) in	dicated below, e	except for th	ne filing fee
	harge any additional f ee(s) under 37 CFR 1.		ments o	f x Credit	t any overp	payments		
FEE CALCU	LATION							
1. BASIC FILIN	IG, SEARCH, AND E							
	FII	LING FEES	SE	ARCH FEES		NATION FEES	3	
Application T	ype Fee (\$	Small Entity) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	030	323		
2. EXCESS CL				v	U	·		Small Entity
Fee Description		nac)					Fee (\$)	Fee (\$)
	ent claim over 3 (inch						52 220	26 110
Multiple depen		ading recissues)					390	195
Total Claims	Extra Claims	Fee (\$)	F	e Paid (\$)	1	Multiple Depend		
32 -30 or HP 2 x 26.00 = HP = highest number of total claims paid for, if greater than 20.				52.00			Fee Paid (\$	
Indep. Claims	Extra Claims		E.	e Paid (\$)	_			_
	-4 or HP = 1	× 110.00 =	110.00					
	ber of independent claims		n 3.	110.00				
listings und	ON SIZE FEE ation and drawings ex der 37 CFR 1.52(e)), to action thereof. See 3.	he application siz	e fee du	e is \$270 (\$135)	ronically fi for small e	iled sequence or ntity) for each a	computer additional 50)
Total Sheet				dditional 50 or fra	ction there	of Fee (\$)	Fee F	Paid (\$)
	- 100 =			(round up to a who				
4. OTHER FEE	(S)						Fees	Paid (\$)
Non-English	Specification, \$130							
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 2253 Extension for response within third month							405.00	
		ZZD3 EXTENSION	1 tor res	ponse within the	nira monti	n	55	5.00
SUBMITTED BY	\overline{C}	\rightarrow		5				
Signature	(who patt	-ie		Registration No. (Attorney/Agent)	42,874	Telephone	(703) 205	5-8000
Name (Print/Type)	Craig A. McRobbi	e				Date	March 25	, 2009